



Australian Government

Australian Aged Care Quality Agency

Cohuna Retirement Village Inc

RACS ID 3032
38 Augustine Street
COHUNA VIC 3568

Approved provider: Cohuna Retirement Village Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 18 July 2017.

We made our decision on 06 June 2014.

The audit was conducted on 29 April 2014 to 30 April 2014. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Expected outcome	Quality Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

Expected outcome	Quality Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: Resident lifestyle

Principle:

Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

Expected outcome	Quality Agency decision
3.1 Continuous improvement	Met
3.2 Regulatory compliance	Met
3.3 Education and staff development	Met
3.4 Emotional support	Met
3.5 Independence	Met
3.6 Privacy and dignity	Met
3.7 Leisure interests and activities	Met
3.8 Cultural and spiritual life	Met
3.9 Choice and decision-making	Met
3.10 Resident security of tenure and responsibilities	Met

Standard 4: Physical environment and safe systems

Principle:

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

Expected outcome	Quality Agency decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met



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Audit Report

Cohuna Retirement Village Inc 3032

Approved provider: Cohuna Retirement Village Inc

Introduction

This is the report of a re-accreditation audit from 29 April 2014 to 30 April 2014 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 29 April 2014 to 30 April 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Doris Hamilton
Team member:	Margaret Edgar

Approved provider details

Approved provider:	Cohuna Retirement Village Inc
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Details of home

Name of home:	Cohuna Retirement Village Inc
RACS ID:	3032

Total number of allocated places:	45
Number of residents during audit:	42
Number of high care residents during audit:	26
Special needs catered for:	Residents living with dementia

Street:	38 Augustine Street
City:	COHUNA
State:	VIC
Postcode:	3568
Phone number:	03 5456 2338
Facsimile:	03 5456 4099
E-mail address:	manager@cohunaretirementvillage.com.au

Audit trail

The assessment team spent two days on site and gathered information from the following:

Interviews

Category	Number
Management and administration	4
Clinical and care staff	7
Environmental and hospitality services staff	5
Residents/representatives	8
Ancillary staff	3

Sampled documents

Category	Number
Residents' files	8
Residents agreements and administration documents	5
Pharmacy reviews	5
Medication charts	6
Personnel files	5
Dietary needs profile	5

Other documents reviewed

The team also reviewed:

- Audits, audit schedule, surveys and action plans
- Clinical records and documents
- Complaints and compliments register
- Confidential mandatory reporting register
- Continuous improvement plan and associated documents
- Education and training calendar/attendance and evaluation records
- Emergency manuals, resident evacuation list, test and tag register
- Environmental management records and documents
- Essential services records and safety measures report
- External contractors' records

- Food safety plan
- Human resource records and documents
- Incident reports, analysis and trending data
- Infection trend analysis
- Lifestyle documentation including program, participation records and evaluations
- Meeting minutes, memorandum and newsletter
- Menu
- Occupational health and safety documentation and material safety data sheets
- Policies, procedures and duty lists
- Re-accreditation self-assessment and notice to stakeholders
- Regulatory compliance documentation
- Residents' information package and handbook

Observations

The team observed the following:

- Activities in progress
- Allied health in attendance
- Equipment and stock/storage areas
- Firefighting equipment, fire panel, evacuation pack and maps, egresses and assembly areas
- Information displays
- Interactions between staff and residents
- Internal and external living environment
- Meal service
- Short observation in special care

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”

Team's findings

The home meets this expected outcome

Management actively pursues continuous improvement identifying, actioning and evaluating quality activities across the accreditation standards. Feedback forms, compliments, complaints, audits, surveys, trend data and observations contribute to improvements activities. Management record improvement initiatives on the continuous improvement plan and reports progress at all meetings including the board of management. Evaluation occurs through follow up audits, analysis of data, observation of staff practice and feedback systems. Management provides feedback individually or through meetings, memoranda, noticeboards and newsletters. Staff said they participate in quality improvement processes and are satisfied with the response they receive to their suggestions. Residents and representatives said they are encouraged to suggest improvements.

Examples of improvements implemented over the previous 12 months relating to Standard 1 Management systems, staffing and organisational development include:

- Following a review of the call bell system, management organised an upgrade including the purchase of additional call bell phones. The phones ensure all staff have appropriate equipment to respond to residents' calls. The upgrade included the installation of a duress button on each phone for staff emergency use. Staff complete a weekly audit to identify if all bells are functioning correctly. Management and maintenance staff review and action the audit. Staff and management are satisfied the upgraded system has improved call bell response times.
- In response to a request from residents' representatives for undercover parking, management used a recent donation to plan and organise undercover parking for three cars. The carport protects residents and representatives during inclement weather, provides relief from direct sun on hot days and includes facilities for disabled parking.
- Management has replaced the paper-based system for payment of accounts and calculation of the residents' bond amount payable with a specialised electronic program. Management reported this is working well with the timely payment of accounts eliminating the need for follow up action. The new system has improved time management for the administration and finance officer reducing time spent organising payments and cheques.

1.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines”.

Team’s findings

The home meets this expected outcome

Management systems identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to the accreditation standards. Membership of a legislative update service, peer group networking and communications from industry and government assist management to access regulatory compliance information. Management conveys information about changes to legislation and regulations using meetings, newsletters, notices, memoranda and education. Revision of relevant policies and procedures occurs and monitoring of compliance is through the quality program, internal and external reviews and audits. Staff said they receive information and explanation regarding changes to guidelines and professional standards.

Examples of regulatory compliance in relation to Standard one include:

- Policies and procedures refer to regulatory compliance and continuous improvement systems
- Management ensures the currency of staff, volunteer and external contractors’ criminal history checks and professional registrations
- Notification occurs to staff, residents and representatives of reaccreditation site audits
- Information is available to residents and representatives on external complaints and advocacy services.

1.3 Education and staff development:

This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Management identify education needs through an annual staff survey, audit results and annual staff appraisals. The home provides staff and management with an electronic education program which offers education and training across the four Accreditation Standards. Management provide staff with the opportunity to attend a range of education and training sessions externally. In addition to the responsive education program, the home ensures all staff attend mandatory education and training. Staff participate in a competency program designed to include all technical skills required. Management collate staff evaluation of education sessions and retain participation records. Staff expressed satisfaction with the range of education and professional development opportunities. Residents expressed satisfaction with the skills of management and staff providing care and services.

Examples of education and training relating to Standard 1 include:

- Team work
- Financial management
- Aged care funding instrument
- Regulatory compliance

1.4 Comments and complaints

This expected outcome requires that "each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's findings

The home meets this expected outcome

Residents, representatives and other interested parties have access to internal and external complaint mechanisms. Comments and complaints information is on display in the home including the external complaint resolution mechanism. Resident meeting minutes include details of discussions regarding internal and external complaint processes and information is included in entry information, the resident handbook and agreements. Feedback forms and suggestion box are available for confidential access for residents and representatives.

Management promotes an open door policy for residents, representatives and staff. Staff stated they are comfortable raising matters of concern and assisting residents to submit feedback forms. Residents and representatives expressed satisfaction with the comments and complaints system.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's findings

The home meets this expected outcome

The mission, vision, values, philosophy, objectives and commitment to quality is documented and on display throughout the home. These statements are included in handbooks, policy and procedure manuals, annual reports and information packages. Management is revising the current strategic plan in line with future changes and organisational needs. Management and staff practices reflect a commitment to the vision and values.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure there are appropriately skilled and qualified staff to deliver services in accordance with the accreditation standards. Management have recruitment and selection processes to ensure the appointment of appropriate staff. The home has a comprehensive orientation program evaluated by new staff who are initially employed for a probationary period. Management appraise staff annually against their position descriptions. Management develop a roster to ensure the home has appropriate staffing levels and skill mix at all times. Management monitor the effectiveness of the system through staff and resident surveys, regular audits and daily handover discussions. Staff said they are satisfied with their roles and responsibilities. Residents expressed satisfaction with the skills and responsiveness of staff.

1.7 Inventory and equipment

This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".

Team's findings

The home meets this expected outcome

Management has systems for the effective ordering of supplies to ensure appropriate stocks of goods and equipment enabling quality delivery of services across all areas. Designated staff monitor, order, receive and rotate stock and supplies. Maintenance programs support the safe operation and maintenance of equipment, buildings and garden areas. Storage areas for stock, goods and equipment are clean, safe and secure. New equipment is trialled prior to purchase. Staff receive education for the use of the new equipment. Management monitor the effectiveness of the home's inventory and equipment using surveys, audits and maintenance reporting. Staff said goods and equipment are readily available and well maintained. Residents said they are satisfied with the quality of goods and equipment.

1.8 Information systems

This expected outcome requires that "effective information management systems are in place".

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure there are effective information management systems. An electronic resident care management system captures residents' clinical and lifestyle care needs. Staff also print care plans for convenient access. A transfer form provides comprehensive resident information to receiving agencies. Medical officers have access to the clinic's database through designated computers. The home has archiving and confidential material destruction systems. Staff have access to policies and procedures.

Communication mechanisms for staff include meetings, resident handover information, diaries, and memorandums. Communication mechanisms for residents include a handbook, resident agreement, information displays and meetings. Staff said they have the information they require to perform their roles effectively. Residents expressed satisfaction with the assistance they receive to remain informed.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's findings

The home meets this expected outcome

Management implement processes to ensure externally sourced services meet service needs and quality goals. Formal agreements with suppliers include insurance, qualifications, criminal history checks, confidentiality and expected service standards. A list of preferred service providers and emergency contacts is available to relevant personnel. Management and maintenance staff monitor performance through audits, surveys and observations. Staff, residents and representatives said they are satisfied with the services provided.

Standard 2 – Health and personal care

Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

2.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for more information about the home's systems and processes.

Processes and procedures support continuous improvement in relation to residents' health and personal care. Audits include clinical outcomes and incident and infection data is recorded, analysed and trended. Staff confirmed they are encouraged to make suggestions and residents and representatives said they are satisfied with feedback and actions taken when they raise residents' health management concerns.

Examples of improvement initiatives implemented over the previous 12 months relating to Standard 2 Health and personal care include:

- Trending of medication incidents and administration practices identified the need to implement changes to medication management. Management reviewed staff medication practice and provided medication education. Staff completed a medication competency as part of the review and repeat the competency if they make a medication administration error or miss signing for medication they administer. As a result, management report improvements to staff accountability with a reduction in medication errors and improved signage against medication administration.
- Management identified an opportunity to improve clinical care and communication by introducing scheduled care meetings for enrolled nurses. The meetings provide a forum for clinical staff to discuss resident care, specialised nursing needs, audit results, incident trends and assist with the overall management and understanding of the enrolled nurse's role.
- As an outcome of a clinical review, management identified the need to improve processes around palliative care. Improvements included the following:
 - the home purchased a new syringe driver
 - registered and enrolled nurses attended palliative care education to ensure they have the required skills and knowledge
 - staff continue to attend regular ongoing education via a video link set up with the local palliative care team.

Management and staff said the program is effective, improving staff knowledge and their ability to provide end of life care for residents.

2.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care”.

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s regulatory compliance systems and processes.

Policies, procedures and guidelines demonstrate compliance with legislation and regulatory requirements, professional standards and guidelines in relation to health and personal care.

Examples of regulatory compliance relating to Standard 2 Health and personal care include:

- Registered nurses manage medications and specialised nursing care.
- Medication administration and storage is in accordance with legislative requirements and staffs’ scope of practice
- There are systems for recording, reporting and managing unexplained resident absences.

2.3 Education and staff development

This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure staff have appropriate knowledge and skills to perform their roles effectively in the area of resident health and personal care. Refer to expected outcome 1.3 Education and staff development for information about the home’s education system.

Examples of education and training relating to Standard 2 include:

- Palliative care
- Skin integrity care
- Oral and dental care
- Medication management

2.4 Clinical care

This expected outcome requires that “residents receive appropriate clinical care”.

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure residents receive appropriate clinical care. Staff assess residents before and on entry to the home identifying their clinical needs and preferences. A registered nurse formulates resident care plans that clinical and care staff review monthly. Medical practitioners complete comprehensive medical assessments annually. Staff regularly invite residents and representatives to discuss care. Residents have access to medical officers and allied health professionals. Residents receive acute medical services as necessary. A registered nurse monitors care and coordinates medical officer clinics. Management monitor assessments, care plan reviews and a range of clinical indicators. Results of monitoring activities are positive. Residents expressed satisfaction with clinical care.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure residents’ specialised nursing care needs are identified and met by appropriately qualified staff. Registered nurses and other appropriately skilled and qualified staff conduct specialised nursing care assessments and document plans of care. Specialised nursing care currently managed by the home includes wound, diabetes, urinary catheter and oxygen therapy. Management coordinate a competency testing program for staff. A registered nurse is on site or on call at all times.

Management monitor results through regular audits and clinical indicators and achieve positive results. Staff stated they have the information, supplies and equipment required to meet residents’ specialised nursing care needs. Residents expressed satisfaction with the clinical care they receive.

2.6 Other health and related services

This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.

Team’s findings

The home meets this expected outcome

Staff refer residents to appropriate health specialists in accordance with residents’ needs and preferences. Services available to residents on site include pathology, physiotherapy, dietitian, speech pathology, audiology, optometry, podiatry, wound consultancy, dementia support, continence consultancy and general practitioners. Assessments by allied health are included in plans of care and regularly reviewed. Management monitor clinical indicators for example falls and residents weights to evaluate results of the program. Staff said they have access to

allied health and specialist services. Residents and representatives expressed satisfaction with resident access to and the care provided by allied health and health specialists.

2.7 Medication management

This expected outcome requires that “residents’ medication is managed safely and correctly”.

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure staff manage residents’ medications safely and correctly. The resident’s medical practitioner documents medication regimes for staff to implement according to their qualifications and competency. A local pharmacy supplies medications in dose administration aids and original packaging as administration requirements dictate. A consultant pharmacist reviews residents’ medication regimes annually in consultation with the resident’s medical practitioner. Staff support residents’ preference to self-administer medication. The home has a medication advisory committee and a registered nurse overseas medication management. Management monitor the effectiveness of the system through audits and incident reports. Staff said they have the knowledge and resources to administer medications safely and correctly. Residents expressed satisfaction with their medication management.

2.8 Pain management

This expected outcome requires that “all residents are as free as possible from pain”.

Team’s findings

The home meets this expected outcome

The home ensures all residents are as free as possible from pain. Staff assess residents for pain on admission and ongoing using assessment tools which consider all aspects of the activities of daily living. Registered nurses develop and regularly review individualised care plans. Medical practitioners develop and modify residents’ pain management regimes in consultation with staff and residents. Staff assist residents to be comfortable using pharmacological and non-pharmacological measures such as heat and cold packs, massage, position changes and range of movement exercises. Management monitor the program through regular audits and achieve positive results. Residents expressed satisfaction with their pain management.

2.9 Palliative care

This expected outcome requires that “the comfort and dignity of terminally ill residents is maintained”.

Team’s findings

The home meets this expected outcome

The home maintains the comfort and dignity of terminally ill residents. Staff assess residents’ terminal care wishes on entry to the home. Registered nurses and general practitioners monitor residents’ health status, discuss and implement treatment options as appropriate.

Residents have single rooms ensuring privacy. Staff and residents have access to the regional palliative care team. Management monitor the program through regular audits and achieve

positive results. Staff said they have the knowledge and resources to provide appropriate clinical care. Residents expressed satisfaction with the clinical care and emotional support they receive from staff.

2.10 Nutrition and hydration

This expected outcome requires that “residents receive adequate nourishment and hydration”.

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure residents receive adequate nourishment and hydration. Staff assess residents for their nutrition and hydration needs and preferences on entry to the home and ongoing. Catering staff have access to information regarding residents’ nutrition needs and preferences. Staff monitor residents’ weights regularly and refer significant weight changes to the dietitian. The dietitian conducts a review of all residents’ weights as requested and clinical staff implement dietary recommendations.

Management monitor the program through regular audits and obtain positive results. Staff assist residents to consume meals and drinks by providing encouragement, assistive devices and physical assistance as necessary. Residents expressed satisfaction with meals and drinks.

2.11 Skin care

This expected outcome requires that “residents’ skin integrity is consistent with their general health”.

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure residents’ skin integrity is consistent with their general health. Staff assess residents’ skin integrity and risk to skin integrity on entry to the home and ongoing. Resident care plans detail interventions required to maintain the resident’s skin integrity. Staff have access to a wound consultant. Management monitor the program through a range of measures including incident reports, wound statistics and skin care audit with home achieving positive results. Resources and equipment are available for pressure relief and skin protection. Staff apply moisturiser to residents’ skin following hygiene according to the home’s policy and implement residents’ plans of care. Residents expressed satisfaction with the skin care they receive.

2.12 Continence management

This expected outcome requires that “residents’ continence is managed effectively”.

Team’s findings

The home meets this expected outcome

The home has systems and processes in place to manage residents’ continence effectively. Staff assess residents on entry and ongoing and document plans of care which detail interventions to promote physical and social continence. Staff observe and assist residents on a daily basis and document care. A contracted continence aid supplier provides education and consultancy services supporting residents and staff. Management monitor the program

through regular audits and achieve positive results. Residents each have a private bathroom and expressed satisfaction with the care staff provide.

2.13 Behavioural management

This expected outcome requires that “the needs of residents with challenging behaviours are managed effectively”.

Team’s findings

The home meets this expected outcome

The home has systems and processes to effectively manage the needs of residents with challenging behaviours. Staff assess resident behaviours regarding all aspects of activities of daily living on entry to the home and ongoing. The home has a unit providing specific support for residents living with cognitive impairment. Registered nurses develop care plans that detail individual strategies to assist residents to live productively in the home. Staff have access to specialist consultant services. Management monitor the program through audits and achieve positive results. Residents expressed satisfaction with their ability to live productively in the communal environment.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all residents”.

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure residents achieve optimum levels of mobility and dexterity. Staff assess residents’ mobility, dexterity and falls risk on entry to the home. A physiotherapist assesses all residents annually and as required, particularly following a fall. Resident care plans detail interventions to maintain mobility and dexterity including aids and equipment. Management monitor the program by regular audits, statistical analysis of falls and incident reports and achieve positive results. Staff encourage residents to maintain mobility and assist them to perform exercises as directed by the physiotherapist. Residents expressed satisfaction with the assistance they receive to maintain mobility.

2.15 Oral and dental care

This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

The home has systems and processes to maintain residents’ oral and dental health. Staff assess residents on entry and ongoing for their individual needs and preferences. Staff provide residents with the supplies and equipment they require and check, clean and replace items on a monthly basis. Staff assist residents to maintain oral hygiene with encouragement and physical assistance. Management monitor the system through regular audits and achieve positive results. Staff review care plans monthly and refer residents to dental services as necessary. Residents and representatives expressed satisfaction with residents’ oral and dental care.

2.16 Sensory loss

This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

The home has systems and processes to identify and manage residents’ sensory loss effectively. Residents are assessed on entry and ongoing for needs and preferences across all five senses. Resident care plans detail interventions to optimise sensory perception. Staff assist residents to access visiting audiology and optometry services. Staff assist residents with the care of their aids, for example cleaning glasses and replacing hearing aid batteries. Management monitor the effectiveness of the program through regular audits and achieve positive results. Residents expressed satisfaction with the assistance they receive from staff.

2.17 Sleep

This expected outcome requires that “residents are able to achieve natural sleep patterns”.

Team’s findings

The home meets this expected outcome

The home has systems and processes in place to assist residents to achieve natural sleep patterns. Staff assess residents on entry to the home and ongoing for their ability to achieve adequate rest. Individual care plans detail preferred times for settling and rising and preferred environmental modifications. Management monitor the program through regular audits and achieve positive results. Staff use pharmacological and non-pharmacological strategies to promote sleep such as warm drinks, pain relief and position changes. Residents expressed satisfaction with their ability to obtain a good night’s sleep and the assistance provided to them by staff overnight.

Standard 3 – Resident lifestyle

Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

3.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for more information about the home’s systems and processes.

Management and staff conduct continuous improvement activities in relation to residents’ lifestyle. Sources for improvement opportunities include resident feedback, survey results, meetings, resident lifestyle records and industry resources.

Examples of improvement initiatives implemented over the previous 12 months relating to Standard 3 Resident lifestyle include:

- Staff have enhanced and expanded the café program where residents gather on a weekly basis ordering coffee and snacks, enjoying the social atmosphere and engaging in conversation. Management said residents gain enjoyment from their community interaction with other residents, representatives and staff.
- As part of a bus safety review, management and lifestyle staff have sourced and purchased lightweight compact walking frames for resident use during outings. Staff can secure the frames easily and safely in the bus with a seat or restraining belt and store the frames without losing space for residents. Staff said the frames are easy for residents to use, reduce staff manual handling risks and are safe to put in the bus.
- Lifestyle staff sourced a Tai Chi instructor, introducing a weekly program for residents complementing the twice-weekly exercise program. Staff said the residents’ response to this initiative is positive with additional residents expressing their interest in attending.

3.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about resident lifestyle”.

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s regulatory compliance systems and processes. Policies, procedures and guidelines demonstrate compliance with legislation and regulatory requirements, professional standards and guidelines in relation to resident lifestyle.

Examples of regulatory compliance relating to Standard 3 Resident lifestyle include:

- Management maintains a register for incidents of elder abuse, missing residents and mandatory reporting
- Resident agreements include information regarding privacy and confidentiality, specified care and services, rights and responsibilities and security of tenure
- Residents’ rights and responsibilities are on display and included in the residents’ handbook
- There are systems and processes to ensure the security and privacy of confidential information.

3.3 Education and staff development

This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure staff at the home have the appropriate knowledge and skills to perform their roles effectively in the area of resident lifestyle. Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development system.

Recent education opportunities relevant to Standard 3 include:

- Elder abuse
- Person centred care
- Privacy and confidentiality
- The brain and behaviour.

3.4 Emotional support

This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".

Team's findings

The home meets this expected outcome

Management and staff provide support for residents to adjust to their new environment when moving into the home and on an ongoing basis. Prior to entering the home residents and representatives receive an information pack and handbook providing details of the home, lifestyle and services provided. Staff welcome the resident, offering orientation to the home's routines and environment and introduction to other residents. Lifestyle staff spend time with the resident and family providing comfort and information to help the resident adapt to the change in their living environment. Staff develop care plans documenting preferences, emotional triggers and personalised strategies to enhance residents' ongoing living experience. Staff monitor residents' care and wellbeing using surveys, feedback mechanisms, meetings, and informally through observation and individual interactions.

Residents praised the emotional support provided by staff to promote their well-being.

3.5 Independence

This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's findings

The home meets this expected outcome

Residents are satisfied with the support they receive to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Assessment and review processes establish residents' needs and requirements to maintain their previous interests and to help them to continue family, friendships, religious and community relationships. Care plans detail a range of activities to assist residents to maintain their independence including the consideration of sensory needs, provision of assistive devices, exercise programs, support to maintain financial independence and vote in elections. Residents can access money through a cash management system, a shopping cupboard is available for small items and various retailers visit, assisting residents to shop.

Management monitor outcomes using care plan reviews, internal assessments, meetings, feedback forms and surveys. Residents confirmed they are encouraged and supported to maintain their independence.

3.6 Privacy and dignity

This expected outcome requires that "each resident's right to privacy, dignity and confidentiality is recognised and respected".

Team's findings

The home meets this expected outcome

Management and staff demonstrate a commitment to ensuring residents' right to privacy, confidentiality and dignity. Staff identify residents' privacy preferences and needs on entry including consent for collection of information, photographic displays and publication, participation in outings and identifying factors such as their name on their bedroom door. Staff and resident orientation includes information about privacy, dignity and confidentiality. Staff conduct handover privately and resident records are stored securely and accessible to appropriate personnel. Electronic information is password protected. Management monitor staff practice using audits, observation and resident feedback. Residents and their representatives confirm staff consider residents' privacy and are respectful during care.

3.7 Leisure interests and activities

This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's findings

The home meets this expected outcome

Residents are encouraged and supported to participate in a range of activities of interest to them. Residents or their representatives provide information about the resident's social history, religious and cultural needs, leisure preferences and independence level when the resident enters the home. Assessments and care plans document residents' choices and include an individualised activity program. Staff and volunteers support residents to participate in activities of their choice. Activities include regular bus outings gardening, craft, games, exercise, cooking, entertainers, café and coffee, current affairs, pet therapy and visiting school students. Management monitor satisfaction using activity evaluations, surveys, feedback from meetings and participation records. Residents are encouraged to make suggestions for future activities. Staff confirmed they spend individual time with residents who do not participate in group activities. Residents and relatives expressed satisfaction with the range and quality of activities offered to residents.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's findings

The home meets this expected outcome

Staff provide support to residents enabling them to maintain their spiritual and cultural life and ensuring their individual interests, customs and beliefs are valued and fostered.

Assessments and care plans document preferences, cultural, spiritual needs and practices, celebratory days, social contacts, cultural and ethnic needs and palliative care wishes. The home holds religious services regularly and residents are able to attend the service of their

choice. Pastoral care staff are available to provide support to residents and families. Staff have access to cultural resources and aids and participate in regular audits, care reviews and consultation, monitoring the effectiveness of support for residents' cultural and spiritual needs. Residents and representatives said residents' spiritual and cultural preferences are valued and supported.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's findings

The home meets this expected outcome

Management and staff encourage residents to participate in decisions about the services they receive and recognise residents' right to exercise choice in their lifestyle. Assessments include provision for residents to undertake activities considered as high risk and the right to refuse care or treatment. Management processes identify authorised representatives and follow appropriate recording and reporting protocols when residents are unable to make decisions. Residents participate in choice and decision making through care plan review, meetings, complaint processes and through informal contacts with management and staff. Staff gave examples of enabling resident choice in daily care, leisure interests and other services. Residents and their representatives said they are satisfied with the opportunities residents have to participate in decisions about care and lifestyle services.

3.10 Resident security of tenure and responsibilities

This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's findings

The home meets this expected outcome

Management systems ensure residents have knowledge of their rights and responsibilities regarding security of tenure. Prior to entry residents and their representatives consult with management and familiarise themselves with the home and services offered. All residents are offered an agreement outlining information relating to security of tenure, fees and charges, rights and responsibilities and specified care and services. Residents and representatives are encouraged to seek external legal and financial advice. Records include power of attorney information and management consults with residents or representatives when there is a change in level of care required. Management stated the open door policy is effective for identifying and resolving residents' concerns. Residents and representatives confirmed residents have secure tenure within the home and are aware of resident's rights and responsibilities.

Standard 4 – Physical environment and safe systems

Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

4.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s systems and processes.

Continuous improvement activities ensure residents live in a safe and comfortable environment. Management use information from resident and staff feedback, maintenance requests, audits and incidents to identify improvements. Residents and representatives reported satisfaction with the internal and external living environment.

Examples of improvement initiatives implemented over the previous 12 months relating to Standard 4 Physical environment and safe systems include:

- In response to information received from industry and peak body representatives, management introduced changes to the management of slings used with lifting equipment. Staff maintain a sling checklist classifying the compatibility of the sling with the hoist, condition of the sling and need for replacement. Management stated this process ensures compliance with amendments to the Australian Standards and safeguards residents needing mechanical assistance with transfers.
- An environmental audit identified a risk to staff when they refilled chemical containers. Management consulted with the chemical supply company and ordered the installation of automatic chemical dispensing units in the cleaning storage rooms. Maintenance staff monitor the system replacing the supply bottles as required. Staff and management said this safeguards staff when dispensing chemicals and ensures the correct chemical dilution each time.
- As part of a planned program to replace and update furniture, management sought suitable dining room chairs to improve ease of use for residents and staff. Following the trial of various dining chairs, management purchased chairs with adjustable seating. The chair allows staff or resident to swivel the seat outwards, adjust the seat forward and raise or lower the height of the seat. Management said this had enhanced the safety of staff when assisting residents to position at the table and stand up. Residents said the chairs worked well and were comfortable.

4.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems”.

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s regulatory compliance systems. Policies, procedures and guidelines demonstrate compliance with legislation and regulatory requirements, professional standards and guidelines about physical environment and safe systems.

Examples of regulatory compliance relating to Standard 4 Physical environment and safe systems include:

- The kitchen has a current registration, food safety certificate and plan
- External contractors maintain essential services according to legislative requirements and provide appropriate records.
- Chemical storage is secure with current material safety data sheets accessible
- Staff attend manual handling training and management ensures the availability of sufficient and well maintained lifting equipment

4.3 Education and staff development

This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of physical environment and safe systems. Refer to expected outcome 1.3 Education and staff development for information about the home’s education system.

Examples of education and training relating to Standard 4 include:

- Infection control
- Chemical training
- Bullying and harassment.
- Food textures, colours and presentation

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide a safe and comfortable environment for residents. Residents live in single rooms with a private ensuite and are encouraged to personalise their rooms with furniture and personal belongings. Residents have access to comfortable communal and garden areas or smaller private rooms and outdoor gardens. A program of preventative and as required maintenance ensures the building is well maintained and safe. Management monitor the safety and comfort of the living environment through environmental audits, resident and representative feedback and observation by staff.

Residents and representatives said they are pleased with the internal and external living environment.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings

The home meets this expected outcome

An occupational health and safety program provides a safe working environment for staff and meets regulatory requirements. Members of the safety committee have completed the required education. Committee members attend the scheduled meetings reporting on safety initiatives such as environmental audits, incidents, hazards, maintenance reports, risk assessments, training and testing of new equipment. Staff have ready access to information to inform and guide work practices. Chemicals are stored safely with relevant safety data sheets and training in chemical handling occurs. Safety information and personal protective equipment is readily available. Staff confirmed consultation and participation in occupational health and safety processes.

4.6 Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide an environment to minimise fire, security and emergency risks. Emergency management systems include evacuation maps, emergency manuals, testing and tagging of electrical equipment, monitoring for combustible materials around the home and mandatory fire and emergency training. Plans include processes for the management of other emergencies such as power failure, gas leaks and adverse weather. Information on display includes fire and evacuation information, colour coded response charts and simple instructions for residents to follow. Appropriate signage displays exits and outlines the route to the two external assembly areas. The home has keypad security, after hours

emergency plans and visitor details are recorded in the attendance register. Staff adequately described their actions and responsibilities in the event of an emergency. Residents and representatives said they would wait for instructions in the event of an emergency.

4.7 Infection control

This expected outcome requires that there is "an effective infection control program".

Team's findings

The home meets this expected outcome

The home has systems and processes to maintain an effective infection control program. A registered nurse oversees the infection control program. There are effective cleaning programs throughout the service and a food safety plan. Staff identify residents' infections which are treated appropriately by general practitioners. Staff receive education in infection control and use standard precautions and safe food handling practices. There is an outbreak kit and guidelines for the management of outbreaks. Personal protective equipment, hand washing facilities and sharps containers are available for staff throughout the home.

Management monitor results through regular audits and statistical analysis of rates of infection and achieve positive results. Management promote an immunisation program for both residents and staff. Residents expressed satisfaction with their clinical care and staff practices.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure hospitality services are provided in a way that enhance residents' quality of life and the staff's working environment. Catering staff cook meals on site. The dietitian approves the menu to which residents have input. Residents choose from a varied and seasonally adjusted menu. Cleaning staff clean the home according to schedules and infection control procedures. Staff perform cleaning duties in the least disruptive manner, with resident safety in mind. Staff process residents' personal laundry on site in a single day turn around and the home engages a contract linen service for communal items. Staff ensure residents' preferences are considered and documented.

Management monitor the program through audits and resident satisfaction surveys and achieve positive results. Residents expressed satisfaction with the provision of catering, cleaning and laundry services.